

SENECA COUNTY COMMUNITY BASED MEDIATION PROGRAM

Seneca County Justice Center
Second Floor
(419) 448- 5411

Complaint Form

Complainant's Name (Person who is requesting mediation)

Complainant's Address

Complainant's Phone Number

How did you learn about the Mediation Program?

Briefly describe complaint:

Respondent's Name (Name of person named in your complaint)

Respondent's Address

Respondent's Phone Number